

Nixon Peabody LLP

Attorneys at Law

Clinton Square
P.O. Box 31051
Rochester, New York 14603-1051
(585) 263-1000

Fax: (585) 263-1600

PRIVILEGE AND CONFIDENTIALITY NOTICE

The information in this fax is intended for the named recipients only. It contains privileged and confidential matter. If you have received this fax in error, please notify us immediately by a collect telephone call to (585) 263-1000 and return the original to the sender by mail. We will reimburse you for postage. Do not disclose the contents to anyone. Thank you.

FAX

To:	Company	Fax #:	Telephone #:
1) Tara L. Mayo	USPTO	703-872-9306	571-272-6992
2)		571-273-8300	
3)			
4)			
5)			

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Edwin V. Merkel	Date: September 6, 2005	No. of Pages: 9 (including this page)	35856/121
<p>Comments:</p> <p style="text-align: right;">RECEIVED CENTRAL FAX CENTER SEP 06 2005</p> <p style="text-align: center;">RECEIVED OIPE/IAP SEP 07 2005</p>			

Original of the transmitted document will be sent by:

☐ First Class Mail ☐ Overnight Mail ☐ Hand Delivery ☐ This transmission will be the only form of delivery of this document

IF YOU DO NOT RECEIVE ALL OF THESE PAGES, PLEASE CONTACT THE FAX OPERATOR AS SOON AS POSSIBLE AT: (585) 263-1660 or 263-1000 (ext. 1660). THANK YOU.

CONFIRMATION: DATE SENT _____ TIME _____ BY _____

INTEROFFICE TO: ☐ Albany ☐ Boston ☐ Buffalo ☐ Florida ☐ Garden City ☐ Hartford ☐ Los Angeles
 ☐ Manchester ☐ New York City ☐ Northern Virginia ☐ Orange County ☐ Philadelphia ☐ Providence
 ☐ Rochester ☐ San Francisco ☐ Washington

To:	Company	Fax #:	Telephone #:
1) Tara L. Mayo	USPTO	703-872-9306	571-272-6992
2)		571-273-8300	
3)			
4)			
5)			

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Edwin V. Merkel	Date: September 6, 2005	No. of Pages: 9 (including this page)	Client/Matter: 35856/121
User #: 5420	Ext: 1128	Disbursement Amount: \$	

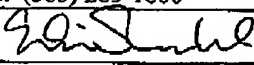
R874024.1

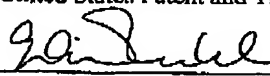
BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	SEP 06 2005 10/814,372	
	Filing Date	March 31, 2004	
	First Named Inventor	Dreyer	
	Group Art Unit	3671	
	Examiner Name	Tara L. Mayo	
Total Number of Pages in This Submission	8	Attorney Docket Number	35856/121

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (\$60.00) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of _____ <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600
Signature	 Registration No. 40,087
Date	September 6, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.	
<u>September 6, 2005</u> Date	 _____ Signature Edwin V. Merkel Typed or printed name